



BARBARA K. CEGAVSKE  
Secretary of State  
Elections Division  
101 North Carson Street, Suite 3  
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Phone: (775) 684-5705  
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State of Nevada  
**Committee for Political Action**  
**(PAC)**  
**Registration Form**  
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FEB 10 2016 *dlm*

SECRETARY OF STATE  
ELECTIONS DIVISION

#1702

ABOVE SPACE IS FOR OFFICE USE ONLY

- ☐ New Registration ☐ PAC (Advocating Passage or Defeat of a Ballot Question)
- ☐ Annual (Due on or before January 15th of each year; NRS 294A.230(4)(b))
- ☒ Amended Registration: ☐ Change Officers ☐ Change Registered Agent ☒ Change Address  
check all that apply
- ☐ Change Name ☐ Change Address  
Previous Name of PAC
- ☐ Other:

Name of Committee:  
Planned Parenthood Votes

Telephone:  
(212) 261-4749

Mailing Address:  
123 William St, 10th Floor  
Street Name, Number

New York  
City

NY 10038  
State Zip Code

PAC Active Email Address: jennifer.jorczak@ppfa.org

**PURPOSE:** Briefly state the purpose for which the PAC was organized.

Voter education and securing the election of pro-choice officials.

**REGISTERED AGENT:** pursuant to NRS 294A.240, each PAC must appoint and keep in the State a registered agent, as provided in NRS 14.020, who must be a natural person who resides in the State of Nevada.

Name of Registered Agent:  
Elisa Caffratta

Telephone:  
(774) 412-2087

Physical Address:  
550 W. Plumb Lane, Suite B104  
Street Name, Number

Reno  
City

NV 89509  
State Zip Code

**REGISTERED AGENT ACCEPTANCE:** I hereby accept appointment as Registered Agent for the above-named Committee for Political Action.

☒ Signature on file

Date:

Signature of Registered Agent



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**OFFICERS:** List the name, title, address and telephone number of each officer (attach additional pages if necessary).

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Liz Gustafson - Treasurer (202) 973-4860  
Mailing Address: \_\_\_\_\_  
1110 Vermont Ave NW, Suite 300 Washington DC 20005  
Street Name, Number City State Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State Zip Code

Officer Name and Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State Zip Code

**AFFILIATIONS:** If the PAC is affiliated with any other organizations, list the name, address and telephone number of each organization (please attach additional pages if necessary).

Name of Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Planned Parenthood Action Fund, Inc. (212) 261-4749

Mailing Address: \_\_\_\_\_  
123 William St, 10th Floor New York NY 10038  
Street Name, Number City State Zip Code

Name of Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State Zip Code

Name of Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name, Number \_\_\_\_\_ City \_\_\_\_\_ State Zip Code

**SUBMITTED BY:**

**X**   
Signature of Representative of Group

Printed Name: \_\_\_\_\_  
Liz Gustafson

Date: \_\_\_\_\_  
2/9/16

Telephone: \_\_\_\_\_  
(202) 973-4860